



ANNUAL AND FIVE YEAR  
TEST REPORTING FORM  
FIRE SERVICE / EMERGENCY POWER



The Division is authorizing qualified personnel to perform specific tests during the annual and five year inspection periods.

**ALL WORK IS TO BE PERFORMED IN ACCORDANCE WITH THE REQUIREMENTS OF THE APPROPRIATE ASME A17.1 CODE FOR ELEVATORS, DUMBWAITERS, ESCALATORS, AND MOVING WALKS AND ASME/ANSI A17.2 INSPECTORS MANUAL FOR ELEVATORS AND ESCALATORS. INDICATE BELOW SPECIFIC CODE USED FOR EACH TEST OR INSPECTION.**

For each elevator tested, list the State Registration number found in the elevator machine room:

**A. SMOKE SENSING DEVICES – Applicable Code Year:**

All smoke sensors related to the elevator operation except designated level, returned elevator(s) to the designated level (key floor)  
☐ **YES**   ☐ **NO**. The designated floor sensor sent the elevator(s) to the alternate level, floor number \_\_\_\_\_  
as required by the ASME A17.1 Elevator Code.

During the Annual Safety Inspection, the State of Maryland will test all other fire service related equipment prescribed by the above Code, including the Phase I key-switch and all Phase II operation.

**B. STAND-BY EMERGENCY POWER TEST - Applicable Code Year: \_\_\_\_\_**

**CHECK ONE:**   ☐ **ANNUAL TEST ASME A17.1**      ☐ **FIVE YEAR TEST ASME A17.1**

☐ **OTHER:**

Annually, elevator(s) equipped with stand-by emergency power are required to be tested using the emergency power system with no load. The elevator(s) shall be tested with 125% rated load during the 5 year-test.

1. Did the elevator(s) operate simultaneously while on stand-by emergency power?   ☐ **YES**   ☐ **NO**

If NO, explain:

2. Did the elevators operate in accordance with the above elevator Code?   ☐ **YES**   ☐ **NO**

**C. DEVICE FOR DISCONNECTING MAIN LINE POWER - Applicable Code Year: \_\_\_\_\_**

The ASME A17.1 Elevator Code requires a means to automatically disconnect the main line power to the affected elevator upon or prior to the application of water.

1. Sprinklers are installed in the elevator:

- Machine room   ☐ **YES**   ☐ **NO**
- Elevator hoistway   ☐ **YES**   ☐ **NO**

2. Were disconnecting devices tested?   ☐ **YES**   ☐ **NO**

Did they function as required?   ☐ **YES**   ☐ **NO**

Site Name:

Address:

City, State, Zip:

Testing Firm:

Date Tested:

Printed Name of Authorized Agent:

**Authorized Agent's Signature:**

**WHEN COMPLETED, LEAVE FORM IN THE ELEVATOR MACHINE ROOM.**

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**Department of Labor, Licensing and Regulation**

**Division of Labor and Industry**

**Safety Inspection Unit**

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